

**U.S. DEPARTMENT OF VETERANS AFFAIRS
OUTPATIENT CLINIC
MANILA, PHILIPPINES**

Effective April 1, 2008

OUTPATIENT CLINIC BENEFICIARY TRAVEL POLICY

I. PURPOSE:

To describe policies and procedures for travel at US Government expense for authorized VA beneficiaries and their attendants.

II. POLICY:

1. The Beneficiary Travel Program (mileage reimbursement or physical transport) will be managed in a manner that effectively supports the delivery of VA healthcare services while ensuring compliance with established Public Law, VA Regulations, and VHA Directives governing transportation at government expense.
2. While eligible beneficiaries will not be *required* to use any particular mode of transportation, reimbursement for travel will be based on the most economical available mode of travel (public transportation, common carrier, privately owned vehicle, or special mode transport) that is not contraindicated by a beneficiary's physical or mental condition.
3. In no case will reimbursement exceed the actual expense of travel.

III. SCOPE

Eligibility for beneficiary travel expense reimbursement, including specialized modes of transportation, will be limited to the following:

1. Service-connected veterans, including veterans rated zero percent, for travel in connection with a service-connected disability.
2. A veteran or beneficiary traveling in conjunction with a Compensation and Pension examination.

(Note: reimbursement will not be provided to veterans traveling solely for prescription refills.)

IV. PROCEDURES

A. CERTIFICATION OF TRAVEL:

1. All beneficiaries claiming reimbursement for travel expenses must report the details of travel in the format provided in annex A and certify the accuracy of the information by their signature.
2. Claims for reimbursement for travel by provincial bus, boat and airplane, or for ferry fares, bridge, road and tunnel tolls must be accompanied by official receipts showing the date, time and amount paid.

B. REIMBURSEMENT:

1. Reimbursement for travel expenses, subject to any applicable deductibles, will be based on the most economical mode of transportation appropriate for the beneficiary's physical or mental health as certified by a VA clinician.
2. Reimbursement of beneficiary travel expenses may be authorized only to the VHA, or VHA approved, facility nearest the veteran's permanent residence that is capable of providing the required clinical services. When the facility nearest to the veteran's residence is unable to provide the required services, the VHA, or VHA approved, facility having such capability that is closest to the veteran's residence will be the point to which beneficiary travel reimbursement is paid, subject to any applicable deductibles.
3. Reimbursement for unscheduled clinical services may only be provided for return travel (one-way) to the veteran's permanent residence.
4. Reimbursement for round-trip transportation must be authorized in advance for eligible claimants and beneficiaries.

C. TIME LIMIT TO FILE CLAIMS FOR REIMBURSEMENT:

1. Claims for reimbursement for pre-approved travel must be filed within 30 days of the date of travel. When multiple travel events occur, such as for physical therapy, one claim for reimbursement covering the entire period may be filed provided the claim is filed within 30 days of the first travel event.

2. Claims for reimbursement for unauthorized (not pre-approved) travel must be filed within two years of the date of travel.
3. The date of filing will be determined by the postmark, if the claim is mailed, or the date stamped into either the Manila Outpatient Clinic or Regional Office.

Information or evidence requested to perfect an incomplete application for travel reimbursement must be received no later than one year from the date of the request for the evidence or information.

D. DEDUCTIBLES:

1. Effective February 1, 2008, the deductible is \$7.77 per one-way trip; \$15.54 for a round trip; and a maximum deductible of \$46.62 per calendar month. *(Note: Reimbursement for travel will be subject to a deductible of \$3.00 each way (\$6.00 round-trip), not to exceed \$18.00 per calendar month for travel performed prior to February 1, 2008.)*
2. The deductible does not apply to individuals traveling in conjunction with a C&P exam or by authorized special mode transport.
3. In addition, the deductible may be waived upon the written request of the claimant if it is determined by the Clinic Manager that imposition of the deductible would cause severe financial hardship. Generally severe financial hardship will not be shown to exist unless the annual income of the individual is below the applicable VA pension rate that would be applicable if the person was eligible for such pension. Any such waivers will be documented with a written justification signed and dated by the Clinic Manager.

E. SPECIAL MODE TRANSPORTATION:

1. Special mode transportation refers to ambulance, ambulette, air ambulance, wheelchair van, and other types of conveyance specially designed to transport physically debilitated individuals. *Special mode DOES NOT include public transportation such as taxi, bus, subway, train, airplane, or privately owned conveyance (personal or hired). "Specially designed" does NOT include vans, SUVs, or automobiles with seats temporarily removed to accommodate collapsible wheelchairs.*
2. Special mode transportation will not be authorized unless the individual is administratively eligible for transport at VA expense. Once administrative eligibility is established, a VA clinician must then

determine that a special mode of transportation is clinically required (i.e., transportation by any other mode is not medically feasible and may be injurious to the individual's health) for transportation for VA health care or examination.

3. An assessment of the need for special mode transportation must be made before each event of scheduled travel unless the beneficiary's physical or mental condition is permanent and not subject to improvement.
4. A hired vehicle may be considered as special mode transportation only if the individual is so debilitated or mentally unstable that he/she cannot travel by any other mode of transportation, even if accompanied by a non-medical attendant.
5. Special mode transportation will not be authorized or paid under any circumstances without the claimant's certification of his/her inability to defray the costs. In those circumstances where a special mode of transportation is utilized and it is subsequently determined the claimant is able to defray the cost of such transportation, reimbursement will be limited to reimbursement based on mileage or the cost of public transportation, whichever is less, subject further to any applicable deductions.
6. Reimbursement for special mode transportation will be for the full cost of the appropriate mode as determined by a VA clinician. The deductible does not apply for travel by authorized special mode transport.
7. Arrangements for special mode transportation will be made by the Travel Clerk. Reimbursements for special mode transport will be made directly to the vendor.

F. PRIVATELY OWNED VEHICLES (POV):

1. POV is any motorized vehicle not licensed and registered for commercial use.
2. Travel prior to February 1, 2008: reimbursement for the cost of travel by POV will be at the rate of \$.11 per mile unless such travel is for the convenience of the government (i.e. recalls due to a deficient lab, EKG, x-ray, etc. in relation to a Compensation and Pension exam when such recalls are due to no fault of the beneficiary) in which case reimbursement will be at the rate of \$.17 per mile.

3. Travel performed February 1, 2008, or later: all reimbursements for the cost of travel by POV will be at the rate of \$.285 per mile.
4. In addition to the mileage allowance, reimbursement may be allowed for the actual cost of ferry fares, and bridge, road, and tunnel tolls.
5. Mileage distances will be calculated using standard highway mileage guides based on the most direct route of travel. (*Note: 1 KM = .62 mile / 1 mile = 1.61 KM.*)
6. In no case will reimbursement for travel by POV exceed the actual necessary expenses incurred by the beneficiary, or the costs of such travel by public transportation unless public transportation is not reasonably accessible or would be medically inadvisable.

G. PUBLIC TRANSPORTATION:

1. Reimbursement for travel by bicycle sidecar, motorized tricycle, jeepney, taxi, city or provincial bus, train, light rail transit, boat, or airplane will be based on the actual expense for travel by such modes of transportation or for mileage traveled, *whichever is less*, subject to the appropriate deductibles.
2. Questions or disagreements regarding the medical inadvisability of using certain modes of public transportation will be resolved by consultation between the primary care provider and the Clinic Manager. The Clinic Manager's decision will be controlling for reimbursement purposes and will be documented in the beneficiary's records.

Note: In some cases, it may be in the best interest of the beneficiary and VA to permit a beneficiary to travel by boat or airplane considering the time and distance to be traveled. Exceptions to the general travel reimbursement policy may be made based upon the joint review of the specific case and recommendation by the Travel Clerk, the primary care provider, and Clinic Manager. A written justification for the decision will be prepared and signed by the Clinic Manager for inclusion in the beneficiary's record.

H. LODGING AND MEALS:

1. Beneficiaries may be provided reimbursement for the necessary expenses of lodging and meals incurred in transit to scheduled VA healthcare appointments.

(Note: Reimbursement for lodging once the beneficiary has arrived at his/her destination for healthcare is not part of the beneficiary travel program and is addressed by the temporary lodging and Hoptel program.)

2. Reimbursement should not be provided solely because the beneficiary chooses to stop or take a less direct route to the VA healthcare facility.
3. Reimbursement will not be provided for lodging in transit for trips of less than 200 miles (one-way) or eight (8) hours in duration.
4. Reimbursement for lodging in transit is on an actual cost basis, not to exceed \$30.00 per night, and must be supported by a receipt.
5. Reimbursement for meals in transit are on an actual cost basis, not to exceed \$3.00 for breakfast, \$5.00 for lunch, and \$5.00 for dinner, and must be supported by receipts.

I. ATTENDANTS:

1. Reimbursement may be made for the necessary travel expenses of an attendant when it has been determined by a VA clinician that the beneficiary is incapable of traveling without assistance due to his/her physical or mental condition.
2. Justification and a description of the required assistance will be provided in the format provided on annex B and will be retained in the beneficiary's records.
3. Authorization for travel with an attendant must be given before each event of scheduled travel unless the beneficiary's physical or mental condition is not subject to improvement.

J. METHOD OF PAYMENT:

1. All reimbursements for beneficiary travel expenses will be in U.S. currency using the exchange rate in effect on the date the travel is performed. Distances reported in kilometers will be converted to miles.
2. Reimbursements exceeding \$5.00 will be via electronic fund transfer or by U.S. Treasury check mailed to the claimant's mailing address of record.

3. Payment for reimbursements totaling less than \$5.00 will be held until the total payable equals at least \$5.00 at which time payment will be released as provided in paragraph # 2 above.

V. **REFERENCES:**

Title 38, United States Code, Section 111, Payment or Allowances for Beneficiary Travel
38 CFR 17.143, Transportation of Claimants and Beneficiaries
38 CFR 17.144, Limitations
38 CFR 17.145, Approval of Unauthorized Travel of Claimants and Beneficiaries
MP-1, Part II, Chapter 3, Beneficiary Travel Management
M-1, Part 1, Chapter 25, Beneficiary Travel
VHA Beneficiary Travel Program Fact Sheet 16-2, February 2008
31 CFR, Part 208, Electronic Funds Transfer Rule
VHA Directive 2007-020, dated July 10, 2007
VHA Directive 2008-006, dated January 30, 2008

/S/
Jon Skelly
Director

Annex A**Travel Itinerary**

We are requesting this information to determine the correct rate of payment for your recent travel. This information will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will result in our inability to process your claim. Please provide all of the information requested to avoid any unnecessary delays in processing your claim.

Please submit the completed travel itinerary information during your visit to our Outpatient Clinic or mail it to us within 30 days of the start of the travel (s) for which You are claiming reimbursement.

Travel Started	Address From Which Travel Started *	Travel Ended	Address of Interim Stop or Final Destination	Distance Traveled <i>specify miles or km</i>	Mode of Travel**
Date:		Date:			
Time:		Time:			
Date:		Date:			
Time:		Time:			
Date:		Date:			
Time:		Time:			
Date:		Date:			
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* Please show the address (street, house number, city) from which travel started. Do not enter "residence", "home", or a P.O. Box number.

** Attach receipts to support all claimed travel expenses.

I CERTIFY THAT the information above is true and correct to the best of my knowledge and belief.	
SIGNATURE:	DATE:
ADDRESS:	PHONE NUMBER:
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.	